

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4054HOSA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2008
NAME OF PROVIDER OR SUPPLIER DESERT VIEW REGIONAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 360 SOUTH LOLA LANE PAHRUMP, NV 89048		
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S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as the result of a complaint investigation survey conducted at your facility on 08/14/08.</p> <p>The state licensure survey was conducted in accordance with Chapter 449, Hospitals, adopted by the Board of Health December 11, 1998 last amended September 27, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local law.</p> <p>The following complaints were investigated:</p> <p>Complaint # 18835- Substantiated (Tag # 0335,0339) Complaint # 18858- Substantiated (Tag #0279) Complaint # 18617- Unsubstantiated Complaint # 18588- Substantiated (Tag # 0060,0277,0279)</p> <p>The following regulatory deficiencies were identified:</p>	S 000		
S 060 SS=F	<p>NAC 449.3152 Quality Improvement</p> <p>1. The governing body of a hospital shall ensure that the hospital has an effective, comprehensive quality improvement program to evaluate the provision of care to its patients. This Regulation is not met as evidenced by: Based on interview and document review the governing body of the hospital failed to ensure the facility had an effective, comprehensive quality improvement program to evaluate the</p>	S 060		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 060	<p>Continued From page 1</p> <p>provisions of care to its patients.</p> <p>Findings include:</p> <p>1. On 08/14/08 at 10:00 AM, the Administrator reported there had not been any Quality Assurance Committee meetings at the facility since 2007. The Administrator reported she could not locate or provide any Quality Assurance Committee minutes for any meetings that had taken place since the facility opened in 2006. The Administrator reported there was no active physician peer review conducted at the facility.</p> <p>2. On 08/14/08 at 1:30 PM, the Chief of Staff reported he had worked at the facility since it opened in 2006 and was appointed Chief of Staff two months ago. The Chief of Staff acknowledged he was a member of the Quality Assurance Committee and could not recall attending any Quality Assurance Committee meetings at the facility. The Chief of Staff reported there was no active physician peer review conducted at the facility.</p> <p>3. The Facility Medical Staff Bylaws dated 03/10/08, indicated the Department Chiefs duties included submitting Departmental Quality Assurance Committee activities and findings to the Medical Executive Committee on a quarterly basis. The findings included recommendations for maintaining and improving the quality of care provided at the facility.</p> <p>No documentation of Quality Assurance Committee meetings or minutes could be located for 2006, 2007 or 2008. No documentation of physician peer review could be located for 2006,</p>	S 060			

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S 060	Continued From page 2 2007 or 2008. Severity: 2 Scope: 3 Complaint # 18588	S 060			
S 277 SS=F	NAC 449.358 Medical Staff 3. The medical staff shall periodically conduct appraisals of its members. This Regulation is not met as evidenced by: Based on interview and document review the medical staff failed to conduct periodic appraisals of its members. Findings include: 1. On 08/14/08 at 10:00 AM, the The Administrator reported there was no active physician peer review conducted at the facility since November of 2007. The Administrator reported several of the staff physicians did not get along and one physician was suspended recently due to behavioral problems. The Administrator acknowledged the only meetings that physicians attend on a monthly basis was the Medical Executive Committee meetings. 2. On 08/14/08 at 1:30 PM, the Chief of Staff reported he had worked at the facility since it opened in 2006 and was appointed Chief of Staff two months ago. The Chief of Staff acknowledged he was a member of the Quality Assurance Committee and could not recall attending any Quality Assurance Committee meetings at the facility. The Chief of Staff reported there was no active physician peer	S 277			

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S 277	Continued From page 3 review conducted at the facility and could not recall attending any peer review meetings at the facility. The Chief of Staff reported some of the physicians did not get along and it would be difficult to conduct physicians peer review given the current status of relations and mistrust between physicians. 3. The Facility Medical Staff Bylaws dated 03/10/08, indicated the Department Chiefs duties included developing and implementing departmental programs for patient care review, on-going monitoring of practice for prospective intervention for the purposes of performance improvement and education, credentials review, privileges delineation, medical education and utilization review. On 08/14/08 three requests were made to the Administrator for records of physician peer review minutes and meetings conducted at the facility. No documentation of physician peer review or periodic appraisals could be located or provided by the Administrator for 2006, 2007 or 2008. Severity: 2 Scope: 3 Complaint # 18588	S 277		
S 279 SS=G	NAC 449.358 Medical Staff 5. The medical staff is accountable to the governing body for the quality of the medical care provided to the patients of the hospital. This Regulation is not met as evidenced by: Based on interview and document review a member of the medical staff failed to be accountable to the governing body for the quality	S 279		

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S 279	<p>Continued From page 4</p> <p>of the medical care provided to a patient of the hospital (Patient #1 and #3).</p> <p>Findings include:</p> <p>1. An Emergency Room Nursing triage record, dated 07/25/08 at 3:50 PM, indicated Patient #1 was seen on an urgent basis for upper mid abdominal pain that radiated to the back. The patient complained of nausea, abdominal pain and tenderness. The patients pain was documented as an 8 on a scale of 1 to 10. The patient was seen and evaluated by Physician #1 on 07/25/08 at 4:00 PM.</p> <p>An Emergency Department Physicians Order Sheet dated 07/25/08, indicated the patients diagnosis was Cholecystitis. Physician # 1 orders included a CT scan of the abdomen and pelvis, ultrasound of the pelvis and abdomen, IV Normal Saline at 100 cc an hour, urinalysis, urine pregnancy test, complete blood count, complete metabolic panel, PT, PTT, INR, Lipase, Amylase, IV Dilaudid and Morphine pain medication and IV Zofran nausea medication.</p> <p>General Emergency Department Orders dated 07/26/08, indicated Physician #1 ordered a consult with Physician #3 for Patient #1 in the morning for abdominal pain, gallbladder scan in the morning, Morphine 2 mg (milligram) IV every two hours as needed for pain and Zofran 4 mg IV every six hours as needed for nausea and vomiting.</p> <p>A Physicians Progress Note dated 07/25/08, indicated the patients white blood cell count was elevated at 23,000. Physician #1 impression of the patients diagnosis was Sepsis, suspect gallbladder.</p>	S 279			

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S 279	<p>Continued From page 5</p> <p>An Ultrasound Radiology Report dated 07/25/08 at 10:34 PM, indicated the patients gallbladder was distended without gallstones. The liver appeared abnormal, consistent with diffuse edema, raising the question of hepatitis and/or sepsis. Tiny amounts of ascites were present.</p> <p>A CT Abdomen and Pelvis Radiology Report dated 07/25/08 at 4:14 PM, indicated the patients gallbladder was quite distended without gallstones. The liver was prominent in size, measuring 18-19 cm (centimeters).</p> <p>An Emergency Room Nursing Record dated 07/25/08 indicated the patient received the following medications at the date and times listed below.</p> <ol style="list-style-type: none"> 1. 07/25/08 at 4:40 PM, Morphine 4 mg IVP. 2. 07/25/08 at 5:00 PM, no change. 3. 07/25/08 at 5:15 PM, Zofran 4 mg IVP. 4. 07/25/08 at 5:25 PM, Morphine 4 mg IVP. 5. 07/25/08 at 5:35 PM, no change. 6. 07/25/08 at 6:20 PM, Dilaudid 2 mg IVP. 7. 07/25/08 at 8:00 PM, Dilaudid 2 mg IVP. 8. 07/25/08 at 8:15 PM, improved. 9. 07/25/08 at 10:30 PM, Dilaudid 2 mg IVP 10. 07/25/08 at 10:40 PM, improved. 11. 07/25/08 at 10:30 PM, Zofran 4 mg IVP. 12. 07/25/08 at 12:40 AM, Dilaudid 2 mg IVP. <p>An Emergency Room Record dated 07/25/08 at 2:00 AM, indicated Physician #1 documented the patients white blood cell count was 23,000 and the gallbladder was distended. The patient was experiencing acute abdominal pain. The patients progress was documented as improved and the patients condition was documented as stable. The patients condition was discussed with the</p>	S 279			

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S 279	<p>Continued From page 6</p> <p>Chief of Staff. The plan was to admit the patient to the hospital.</p> <p>Nursing Note dated 07/26/08 at 2:30 AM, indicated the patient was transferred via wheelchair from the emergency room to a medical surgical unit complaining of nausea. The emergency room physician was called for a order for Zofran nausea medication.</p> <p>The Medication Administration Record dated 07/26/08 at 3:00 AM, indicated the patient received Zofran 4 mg IM (intramuscular injection) for nausea.</p> <p>Nursing Note dated 07/26/08 at 3:37 AM, indicated the patient was awake and alert when brought to the medical surgical unit.</p> <p>Nursing Note dated 07/26/08 at 4:15 AM, indicated the patient complained of numbness all over her body. The nurse reported the patient had received over 26 mg of pain medication and Zofran nausea medication in the last 12 hours. The nurse reported the patient may have received too much pain medication. The nurse discussed the pain medication issue with the night supervisor and was told to monitor patient and call the physician if the patient had any problems with oxygenation or breathing.</p> <p>Nursing Note dated 07/26/08 at 5:09 AM, indicated the patient complained of pain, numbness and tingling. Physician #3 was called and informed of the amounts of medication the patient had been taking. The physician ordered Toradol 30 mg and Ativan. The nurse will continue to monitor the patient for any changes. R.N. (Registered Nurse) gave both the Toradol and Ativan medication.</p>	S 279			

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S 279	<p>Continued From page 7</p> <p>A Physicians Order dated 07/26/08 at 5:00 AM, indicated orders for Patient #1 included Toradol 30 mg IV now, Ativan 2mg IV now, discontinue Morphine, Dilaudid 2mg every 4 hours when needed for pain.</p> <p>The Medication Administration Record dated 07/26/08 at 5:04 AM, indicated the patient was medicated with Toradol 30 mg and Ativan 2 mg IV (intravenously).</p> <p>Nursing Note dated 07/26/08 at 6:04 AM, indicated Physician #2 was called about another patient and informed he needed to consult with Patient #1 about her abdominal pain.</p> <p>Medication Administration Record dated 07/26/08 at 6:10 AM, indicated the patient was medicated for pain with Dilaudid 2mg IV. The patients pain was at a level of 8 or 9 on a scale of 0 to 10.</p> <p>Nursing Note dated 07/26/08 at 6:11 AM, indicated the Toradol medication given earlier did not work. The patient was medicated with Dilaudid 2mg.</p> <p>Physician Order dated 07/26/08 at 7:20 AM, indicated Physician #3s orders included blood culture x 1, Haldol 5 mg, Ativan 2 mg, and Benadryl 50 mg x1 now. No route of medication given. The orders included Flagyl 500 mg IV QID (four times daily) Reglan 10 mg IV BID (twice daily) Pepcid 40 mg IV BID and Invanz 1 GM (gram) IV every day.</p> <p>Nursing Noted dated 07/26/08 at 7:20 AM, indicated Physician #3 was called about the patients lab work and orders given for Haldol, Benadryl and Ativan medication.</p>	S 279			

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S 279	<p>Continued From page 8</p> <p>Medication Administration Record dated 07/26/08 at 7:29 AM, indicated the patient was medicated with Haldol 5 mg IV, Ativan 2mg IV and Benadryl 50 mg IV.</p> <p>Nursing Noted dated 07/26/08 at 8:07 AM, indicated the patient was complaining of severe abdominal pain. Vital signs were BP (blood pressure) - 170/116, HR (heart rate) - 124, RR (respirations) - 16 with cold clammy skin, pupils sluggish reaction to light, unresponsive. Oxygen 2 liters per nasal cannula administered. Physician # 3 called to bedside. The patient was transferred close to the nurses station. After the patient was transferred the blood pressure went down rapidly. Blood pressure dropped to 140/60, 100/50, then unable to obtain blood pressure. Code was initiated at 8:40 AM. The patient was intubated by respiratory therapy and connected to a ventilator after placement was checked by Physician #3. At 9:30 AM Mercy Air team arrived to transport the patient to Spring Valley Hospital.</p> <p>Cardiopulmonary Resuscitation Record dated 07/26/08, indicated the patient suffered cardiac arrest at 8:40 AM. Cardiopulmonary Resuscitation began at 8:40 AM.</p> <p>A Discharge Summary dated 07/26/08, indicated the patient struggled during the night with ongoing pain. The following morning the patients blood pressure was 140/70, pulse 123 and pulse oximeter of 50%. The patient was placed on oxygen. The patient lost her blood pressure and developed cardiac arrest. The patient was transferred to Spring Valley Hospital with a diagnosis of Suspected Acalculous Cholecystitis.</p> <p>A Patient Transfer Referral Record dated</p>	S 279			

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S 279	<p>Continued From page 9</p> <p>07/26/08, indicated the patients transfer diagnosis included Cardiac Arrest and Septic Shock.</p> <p>A Spring Valley Hospital Emergency Room Record dated 07/26/08 at 10:55 AM, indicated the patient arrived at the facility by air ambulance and went into Cardiopulmonary Arrest at 11:10 AM. At 11:20 AM the record indicated cardiopulmonary resuscitation was unsuccessful.</p> <p>An Office of the Coroner/ Medical Examiner form dated 07/26/08, indicated the patient died on 07/16/08 at 11:20 AM at Spring Valley Hospital.</p> <p>On 09/18/08 at 10:40 AM, a call to the Coroners Office revealed the patients cause of death was listed as Cardiopulmonary Arrest/ Septic Shock. No autopsy was performed.</p> <p>On 08/14/08 at 3:00 PM, Physician # 1 confirmed he was on duty on 07/25/08 at 3:50 PM when Patient # 1 was evaluated in the emergency room for severe abdominal pain, nausea and vomiting. Physician # 1 reported he ordered a CT (computerized tomography) scan of the abdomen and pelvis and an abdominal ultrasound.</p> <p>Emergency room orders included Normal Saline IV(intravenous) at 100 cc (cubic centimeter) per hour, urine pregnancy test, urinalysis, complete blood count, complete metabolic panel, protime, PT (prothrombin time), INR (international normalized ratio), Amalase, Lipase, Morphine and Dilaudid pain medication and Zofran nausea medication.</p> <p>An order was written for a surgical consultation with Physician #2 in the morning for evaluation of abdominal pain.</p>	S 279			

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S 279	<p>Continued From page 10</p> <p>Physician #1 confirmed the patients white blood cell count was elevated at 23,000 and the ultrasound test revealed the patients gallbladder and liver were distended.</p> <p>Physician # 1s impression included possible sepsis from an inflamed gallbladder. Physician #1 confirmed the patient received Morphine or Dilaudid pain medication IVP (intravenous push) every two hours along with Zofran nausea medication while in the emergency room from the patients time of arrival to her transfer to a medical surgical unit at approximately 2:00 AM on 07/26/08. Physician #1 confirmed no antibiotics were given to the patient in the emergency room. Physician #1 reported he called the Chief of Staff prior to the end of his shift and a decision was made to admit the patient under the care of Physician #3. Physician # 1 reported he believed the patients clinical and vital signs were stable enough for the surgical consultation to be done in the morning.</p> <p>Merck Manual review/revision dated 02/2003, under Treatment and Prognosis for Septic Shock indicated the following: " As soon as symptoms of septic shock are apparent, the person must be admitted to an intensive care unit for treatment". " Large amounts of fluids are given intravenously to increase the blood pressure". " Drugs are given to increase blood flow to the brain, heart, and other organs". " Extra oxygen is given". "The person may need a mechanical ventilator to help breathing". "High doses of intravenous antibiotics are given as soon as blood samples have been taken for laboratory cultures". "Until the laboratory identifies the infecting bacteria, two or more antibiotics are usually given together to increase the chances of killing the bacteria. "Any</p>	S 279			

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S 279	<p>Continued From page 11</p> <p>abscesses are drained , and any catheters that may have started the infection are removed". "Surgery may be performed to remove any dead tissue, such as gangrenous tissue of the intestine". "Despite all efforts, more than 25% of people with septic shock die."</p> <p>Complaint # 18588</p> <p>2. Patient #3 was a 64 year old female admitted to the emergency department of the hospital on 07/20/08 at 7:24 PM.</p> <p>The patient had a portable x-ray view of the chest at 8:37 PM on 07/20/08 indicating "right basilar pneumonia."</p> <p>At 10:52 PM on 07/20/08, the patient had a chest scan indicating "right lower lobe pneumonia with effusion, most likely from aspiration."</p> <p>The patient was admitted to the hospital at 5:00 AM on 07/21/08.</p> <p>The patient was treated for electrolyte correction of potassium and magnesium and was transfused with two units of blood overnight. The patient remained at the hospital on 07/21/08 and was discharged on 07/22/08 at 6:30 PM.</p> <p>The discharge summary dated 07/22/08, documented "...exact etiology of her abnormalities unclear. The patient reports chronic anemia. The patient was sent home to be followed by his PMD [primary medical doctor] and (name of physician)for a surgical consult..." The summary was signed by Physician #3.</p> <p>The record lacked documented evidence the</p>	S 279			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 279	Continued From page 12 patient was treated for pneumonia. Complaint #18858 Severity: 3 Scope: 1	S 279		
S 335 SS=D	NAC 449.363 Personnel Policies 1. A hospital shall have written policies concerning the qualifications, responsibilities and conditions of employment for each type of hospital personnel, including the licensure and certification of each employee when required by law. This Regulation is not met as evidenced by: Based on interview and document review, the facility failed to have written policies concerning verification of licensure and certification for employees as required by law. (Employee #1) Interview: On 08/14/08 at 10:00 AM, the Administrator reported that Employee #1 was hired as a registered nurse at the facility on 07/14/08. The employee had a current Maine State Board of Nursing license but did not possess a nursing license from the Nevada State Board of Nursing. The Administrator acknowledged the Human Resource Manager did not conduct a license verification with the Nevada State Board of Nursing prior to hiring Employee #1. The Administrator reported the employee worked three night shifts in the emergency room of the facility providing patient care on 07/15/08, 07/16/08 and a partial shift on 07/17/08. A fellow worker discovered Employee #1 did not have a Nevada registered nursing license and reported the incident to the administration of the hospital. Employee #1 was sent home and told not to	S 335		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

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S 335	<p>Continued From page 13</p> <p>return to the facility until he had a valid temporary Nevada nursing license. The Administrator reported Employee #1 obtained a temporary registered nursing license from the Nevada State Board of Nursing on 07/23/2008 and was allowed to return to work. The Administrator confirmed a new hire checklist that included license verification was not completed on Employee #1. The Administrator acknowledged the facility did not have a policy or procedure in place for license verification.</p> <p>Document review:</p> <p>On 08/14/08 a review of the facilities policies and procedures revealed no written policies or procedures that included verification of licensure and certification for nursing staff when required by law.</p> <p>A facility New Employee Input Form, dated 04/14/08 indicated Employee #1 was hired full time as a registered nurse on 04/14/08. No facility new hire check list or license verification was located in the employees personnel file.</p> <p>A blank copy of a facility New Hire Checklist indicated a validation of licensure and certification must be completed for each new hire.</p> <p>A License and Certificate Verification from the Nevada State Board of Nursing dated 07/24/08, indicated Employee #1 was issued a temporary Nevada registered nursing license on 07/23/08</p> <p>Nevada State Board of Nursing Licensing and Certification NRS.315 indicated practicing or offering to practice nursing without a license is unlawful. Any person who practices or offers to practice nursing in the State of Nevada must be</p>	S 335			

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Bureau of Health Care Quality & Compliance

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S 335	Continued From page 14 licensed in the state. Severity: 2 Scope: 1 Complaint # 18835	S 335			
S 339 SS=D	NAC 449.363 Personnel Policies 4. The hospital shall have evidence of a current license or certification on file at the hospital for each person employed by the hospital, or under contract with the hospital, who is required to be licensed or certified by law to perform his job. This Regulation is not met as evidenced by: Based on interview and document review, the facility failed to have evidence that a current license was on file at the facility for an employee hired as a registered nurse, who was required to be licensed or certified by law to perform his job. Interview: On 08/14/08 at 10:00 AM, the Administrator reported that Employee #1 was hired as a registered nurse at the facility on 07/14/08. The employee had a current Maine State Board of Nursing license but did not possess a nursing license from the Nevada State Board of Nursing. The Administrator acknowledged the Human Resource Manager did not conduct a license verification with the Nevada State Board of Nursing prior to hiring Employee #1. The Administrator reported the employee worked three night shifts in the emergency room of the facility providing patient care on 07/15/08, 07/16/08 and a partial shift on 07/17/08. A fellow worker discovered Employee #1 did not have a Nevada registered nursing license and reported the incident to the administration of the hospital.	S 339			

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4054HOSA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2008
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S 339	<p>Continued From page 15</p> <p>Employee #1 was sent home and told not to return to the facility until he had a valid temporary Nevada nursing license. The Administrator reported Employee #1 obtained a temporary registered nursing license from the Nevada State Board of Nursing on 07/23/2008 and was allowed to return to work. The Administrator confirmed a new hire checklist that included license verification was not completed on Employee #1. The Administrator acknowledged the facility did not have a policy or procedure in place for license verification.</p> <p>Document review:</p> <p>A facility New Employee Input Form, dated 04/14/08 indicated Employee #1 was hired full time as a registered nurse on 04/14/08. No facility new hire check list or license verification was located in the employees personnel file.</p> <p>A facility Employee Hours Report from 07/01/08 to 08/14/08 indicated Employee #1 worked the night shift in the emergency room of the facility on 07/15/08, 07/16/08 from 7:00 Pm to 7:30 AM and on 07/17/08 from 7:00 Pm to 8:30 PM.</p> <p>A facility staffing schedule for July 2008 indicated Employee #1 was scheduled for orientation in the emergency room on 07/14/08, 07/15/08 and 07/16/08.</p> <p>A copy of a facility New Hire Checklist indicated a validation of licensure and certification must be completed for each new hire.</p> <p>A License and Certificate Verification from the Nevada State Board of Nursing dated 07/24/08, indicated Employee #1 was issued a temporary</p>	S 339			

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S 339	<p>Continued From page 16</p> <p>Nevada registered nursing license on 07/23/08.</p> <p>A photocopy of Maine State Board of Nursing License # R055082 indicated Employee #1 had a registered nursing license from the State of Maine with an issue date of 06/10/2008.</p> <p>Nevada State Board of Nursing Licensing and Certification NRS.315 indicated practicing or offering to practice nursing without a license is unlawful. Any person who practices or offers to practice nursing in the State of Nevada must be licensed in the state.</p> <p>Severity: 2 Scope: 1</p> <p>Complaint # 18835</p>	S 339			

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